



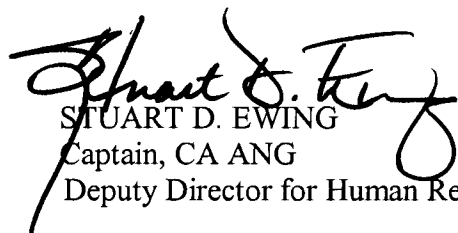
**HUMAN RESOURCES OFFICE
TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION**

Number: 05-02

05 Jan 05

AIR TECHNICIAN REQUEST FOR TRAINING PROCEDURE

1. The purpose of this instruction is to restate training policies and procedures for submitting Technician Training Requests to the Directorate for Human Resources.
2. Requests for training for all Human Resource Office sponsored training (Retirement Seminar, Supervisor Development Course) must be submitted and approved in advance, at least one month prior to the scheduled class.
3. Requests for training are submitted on DD Form 1556 (Request, Authorization, Agreement, Certification of Training and Reimbursement). DD Form 1556 is a multi purpose form used for training requests and expenditures, record of training, training evaluation and continued service agreement. Instructions for filling out a DD Form 1556 are attached to this TAAI.
4. All non-sponsored training must be requested on a completed DD Form 1556 and certified by your servicing comptroller. Upon completion of training, forward the DD Form 1556 with a copy of a Certificate of Completion or similar verification of completion of training to the Directorate for Human Resources. This is necessary for entry into the Personnel Data System and keep technician training records current.
5. Continuing service agreements **may** be required by supervisors for technicians attending training by, in, or through a Non-Government facility which exceeds \$1000.00 for tuition, travel, Per Diem and materials. Technicians will agree to serve 2 years for \$1,000 to \$2,000, and agree to serve 3 years for \$2,501 - \$5,000; for amounts more than \$5,000 technicians will agree to serve 5 years. If a technician **voluntarily** leaves before the completion of service agreed upon he/she may be required to reimburse the California National Guard for the above expenses. The amount of reimbursement will be reduced on a pro-rated basis for the percentage of completion of obligated service. A sample Continued Service Agreement is attached to this TAAI.
6. Questions regarding technician training should be directed to Employee Development Specialists: Marjorie Rodriguez at 916-854-3493, DSN 466-3493, CAGNET 63493; 1SGT John Presnall at 916-854-3548, DSN 466-3548 or CAGNET 63548.


STUART D. EWING
Captain, CA ANG
Deputy Director for Human Resources

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Sample DD Form 1556
Instructions for DD Form 1556
Sample Continued Service Agreement

DISTRIBUTION:
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REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)									
A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx)		B. STANDARD DOCUMENT NUMBER (Org identifier/ FY, Doc./ type code/ Serial number)		C. REQUEST STATUS OR PROCESS CODE (X one)		D. AMENDMENT NO.			
				(1) Initial (2) Resubmission					
				(3) Correction (4) Cancellation					
SECTION A - TRAINEE / APPLICANT INFORMATION									
1. NAME (Last, First, Middle Initial) TECHNICIAN, JOE		2. 1st 6 LETTERS OF LAST NAME TECHN		3. SOCIAL SECURITY NUMBER 555-55-5555		4. ED. LEVEL 1		5. CONTINUOUS FEDERAL SVC. a. Years 1 b. Months 1	
6. HOME ADDRESS (Street, City, State and ZIP Code) (optional) XXXX XXXXXX XXXXXXXXXX XX XXXXX		7. TELEPHONE NUMBERS (Include area code) a. Home (916) 123-4567 b. Office		8. POSITION TITLE TECHNICIAN PD TITLE		9. POSITION LEVEL (X one) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)			
11. ORGANIZATION NAME UNIT NAME		(1) Commercial (916) 234-5678 (2) DSN 466-5678		10. PAY PLAN/SERIES/GRADE/STEP (Rank/ MOS/AFSC/or Navy Designator) GS ORWG SERIES					
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code) UNIT ADDRESS		13. ORGANIZATION UIC W8AYAA		14. TYPE OF APPOINTMENT		15. NO. PRIOR NON-GOVERN- MENT TRAINING DAYS			
		16. ARE YOU HANDICAPPED OR DISABLED? (X one) Yes No							
SECTION B - TRAINING COURSE DATA									
17. COURSE TITLE COMPLETE COURSE TITLE									
18. TRAINING OBJECTIVES (Benefits to be derived by the Government) BRIEFLY DESCRIBE REASON FOR COURSE					19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY a. Name ORGANIZATION PROVIDING TRAINING b. Mailing address (Include ZIP Code) MAILING ADDRESS c. Location of training site (If other than 19b) WHERE				
20. COURSE CODES									
a. Purpose		f. Security Clearance X		k. Training Program X		21. COURSE HOURS (4 digits) 40		22. COURSE IDENTIFIERS	
b. Type X		g. Allocation Status		l. Reason for Selection		a. Duty		a. SAID	
c. Source X		h. Priority X		23. TRAINING PERIOD (YYYYMMDD) a. Start XXXXXXXX b. Complete XXXXXXXX		b. Non-duty		b. Catalog/Course	
d. Special Interest		i. Training Level X		c. TOTAL 40		c. Offering/TLN			
e. Training		j. Method of Training X							
SECTION C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)									
24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box <input checked="" type="checkbox"/>									
25. DIRECT COSTS				26. INDIRECT COSTS (For information only)		27. ACCOUNTING CLASSIFICATION			
a. Tuition cost 100.00		a. Travel cost							
b. Books, material, other costs		b. Per diem/other costs							
c. Total direct costs 100.00		c. Total indirect costs 0.00							
d. Funding source				28. LABOR COSTS		29. SIGNATURE OF FISCAL OFFICER (Follow local procedure)			
31. JOB ORDER NO.						30. TOTAL OF DIRECT & INDIRECT COSTS 100.00			
SECTION D - APPROVAL / CONCURRENCE / CERTIFICATION									
32. SUPERVISOR: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)					33. TRAINING OFFICER: I certify this training meets regulatory requirements.				
a. Typed Name (Last, First, Middle Initial) SUPERVISOR, NAME		b. Phone number (Include area code) (555) 555-5555			a. Typed Name (Last, First, Middle Initial) RODRIGUEZ, MARJORIE M		b. Phone number (Include area code) (916) 854-3493		
c. Signature & Title SUPERVISOR TITLE		d. Date (YYYYMMDD) XXXXXXXX			c. Signature & Title EMPLOYEE DEVELOPMENT SPECIALIST		d. Date (YYYYMMDD)		
34. AUTHORIZING OFFICIAL					35. COURSE ACCEPTANCE (To be completed by school official)				
a. Action (X one) <input checked="" type="checkbox"/> (1) Approved (2) Disapproved		b. Typed Name (Last, First, Middle Initial) EWING, STUART, CAPTAIN			a. Accepted		c. School Official Signature		d. Date (YYYYMMDD)
c. Phone number (Include area code) (916) 854-3402					b. Not Accepted		36. COURSE COMPLETION (To be completed by school official)		a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input checked="" type="checkbox"/>
d. Signature & Title DEPUTY DIRECTOR FOR HUMAN RESOURCES		e. Date (YYYYMMDD)							
37. BILLING INSTRUCTIONS (Identify discount terms % days.) Furnish original invoice and 3 copies to: JOINT FORCES HEADQUARTERS ATTN: MARJORIE RODRIGUEZ, BOX 37 9800 GOETHE ROAD, P.O. BOX 269101 SACRAMENTO CA 95826-9101					38. CERTIFYING GOVERNMENT OFFICIAL				
					a. I certify that this account is correct and proper for payment in the amount of: \$				
					b. Signature			c. Date Signed (YYYYMMDD)	
					d. DSSN Number		e. Check Number		f. Voucher Number
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.									

COMPLETION INSTRUCTIONS

For
DD FORM 1556

Request, Authorization, Agreement, Certification of Training and Reimbursement

DD Form 1556 will be used FOR ALL TRAINING and forwarded for approval prior to requested training date(s). You will be notified if requested training is approved or disapproved. Please be thorough and correct when completing this form. Questions can be directed to Marjorie Rodriguez, CAGNET 63493, Commercial (916) 854-3493, or AUTOVON 466-3493.

BLOCK 1	Employee's <u>full name</u> – Last, First, MI
BLOCK 3	Enter employee's SSN
BLOCK 5	Enter years and months of continuous Federal Government service
BLOCK 6	Employee's complete home address (address, city, state, zip code)
BLOCK 7a	Home telephone number
BLOCK 7b(1)	Commercial Office Telephone Number
BLOCK 7b(2)	DSN Office Telephone Number
BLOCK 8	Identify employee's current duty position title
BLOCK 9	Self-Explanatory
BLOCK 10	Enter employee's current Pay Plan/Series/Grade/Step
BLOCK 11	Employee's Organization Name
BLOCK 12	Organization Mailing Address
BLOCK 13	Enter organization's six digit UIC
BLOCK 17	Complete Course Title , Course number, Phase, Seminar number, etc
BLOCK 18	Objectives of the course (Briefly describe reason for course)
BLOCK 19a	Name of the organization providing the training
BLOCK 19b	Mailing address of organization providing the training (if known)
BLOCK 19c	Enter if location is difference from Block 19a and 19b

BLOCK 20

Only need to complete Blocks b, c, f, h, i, and j

**Completion Instructions for
DD FORM 1556****Request, Authorization, Agreement, Certification of Training and Reimbursement****BLOCK 20b****Type**

- | | |
|---|--------------------|
| 1 – Executive & management | 6 – Clerical |
| 2 – Supervisory | 7 – Trade or craft |
| 3 – Legal, medical, scientific, engineering | 8 – Orientation |
| 4 – Administration & analysis | 9 – Adult basic |
| 5 – Specialty & technical | |

education

BLOCK 20c**Source**

- | | |
|---------------------|----------------------|
| A – US Army | S – Defense |
| D – Other DoD | 2 – Govt Interagency |
| F – US Air Force | 3 – Non Govt |
| M – US Marine Corps | 4 – Non Govt Off |
| N – US Navy | 5 – State or Local |

Logistics Agency

Interagency

shelf

Govt

BLOCK 20f**Security Clearance of Employee**

- | | |
|------------------|----------------|
| N - None | S - Secret |
| C - Confidential | T - Top Secret |

BLOCK 20h**Priority**

- 1 – Job requirement to meet mission related
- 2 – Job requirement to improve skills
- 3 – Desire

needs

BLOCK 20i**Training Level**

- | | |
|--------------------------------------|-------------------|
| 1 – Elementary | 4 – College, |
| 2 – High School | 5 – College, |
| 3 – Vocational/Technical/Secretarial | 6 – College, Post |

Undergraduate

Graduate

Graduate

Business/Commercial/Admin

BLOCK 20j**Method of Training**

- | | |
|------------------|--------------------|
| 1 – OJT (Formal) | 6 – Directed Study |
|------------------|--------------------|

(Resident) site)	2 – Rotation of Work Assignment	7 – Classroom
	3 – Seminar	8 – Classroom (On
	4 – Conference/meeting/symposium	9 – Test Equivalency
	5 – Correspondence	
BLOCK 21a-c	Self-Explanatory	
BLOCK 23a-b date	Training Period – DO NOT INCLUDE TRAVEL TIME. Note Sequence <u>YYMMDD</u>	

**Completion Instructions for
DD FORM 1556
Request, Authorization, Agreement, Certification of Training and Reimbursement**

BLOCK 25a	Tuition Cost, if any (Cost of course charged by vendor)
BLOCK 32a-d	Employee's Supervisor's information and signature
BLOCK 33a-d	RODRIGUEZ, MARJORIE (916) 854-3493 Employee Development Specialist
BLOCK 34a-d	EWING, STUART D., CAPTAIN (916) 854-3402 Deputy Director for Human Resources
BLOCK 37	Joint Forces Headquarters ATTN: CAJS-HR-EDS (M. Rodriguez) Box 37 9800 Goethe Road – P.O. Box 269101 Sacramento, CA 95826-9101

**CALIFORNIA NATIONAL GUARD
TECHNICIAN
CONTINUED SERVICE AGREEMENT FOR TRAINING**

1. I agree that upon completion of the California National Guard sponsored training described in this agreement, I will serve as a full-time member of the California National Guard Technician Program at least 2 years for tuition, per diem, books, materials, registration and other fees with totals between the range of \$1000.00 - \$2500.00, and agree to serve 3 years for \$2501.00 - \$5000.00; for amounts more than \$5000.00 I agree to serve 5 years after completion of such training.

2. If I voluntarily terminate my full-time employment with the California National Guard, prior to completing the period of service agreed upon, I agree to reimburse the California National Guard for the tuition, travel, per diem, books, materials, fees and other related expenses, paid in connection with this training. However, the amount of reimbursement will be reduced on a pro-rated basis for the percentage of completion of the obligated service.

3. I understand that any amounts which may be due the California National Guard as a result of any failure on my part to meet the terms of this agreement, may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

4. I further agree to obtain approval from the Human Resource Office, responsible for authorizing training requests of any proposed change in my approved training program, involving course and schedule changes, withdrawals or uncompleted courses, and increased costs.

5. I understand that this agreement does not in any way commit the California National Guard to continue my employment.

6. Course Title: _____

7. Scheduled Dates of Attendance: _____

8. Training Facility: _____

9. Projected costs associated with training.

a. Tuition: _____ b. Travel: _____

c. Per Diem: _____ d. Books and Materials: _____

e. Registration Fees: _____ f. Other Related Expenses (excluding salary): _____

g. Total Costs: _____

10. The period of obligated service for training described in this agreement is from _____ to _____.

Technician Signature _____

Date _____

Supervisor's Signature _____

Date _____

HR Representative Signature _____

Date _____